



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY
Date Stamp _____

SAIL application # _____

Application fee _____ Date _____

School Code _____

Revenue Code **1257009W**

Application for Significant Change in Method of Instructional Delivery
(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71600)

- ☐ **Approved Institution \$500.00 non-refundable fee**
☐ **Institution Approved by means of Accreditation \$250.00 non-refundable fee**

1. INSTITUTION

Name: _____

School Code: _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Fax Number _____

2. INSTITUTION'S CONTACT PERSON (for this application)

Name _____

Email Address _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____

Fax Number _____

If this institution is approved by means of accreditation skip to #12.

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency. ☐

3. PROPOSED NEW METHOD

Description of the proposed new method of instructional delivery.

Document is attached: ____ Yes ____ No

Detailed explanation of the reasons for the proposed change.

Document is attached: ____ Yes ____ No

4. CURRICULUM

Describe how the curriculum will be changed or adapted to meet the needs of the proposed new method.

Document is attached: ☐ Yes ☐ No

5. FINANCIAL RESOURCES AND REPORTS

Describe how the changes affect the institution's financial resources.

Document is attached: ☐ Yes ☐ No

6. FACULTY

Describe how the proposed change will result in any significant changes in existing faculty.

Document is attached: ☐ Yes ☐ No

7. FACILITIES

Describe how the proposed change will result in any significant changes in existing facilities.

Document is attached: ☐ Yes ☐ No

8. LIBRARIES AND OTHER LEARNING RESOURCES

Describe how the proposed change will result in any significant changes in existing library or learning resources.

Document is attached: ☐ Yes ☐ No

9. AFFECTS

Include a description of how the change affects students and administration.

Document is attached: ☐ Yes ☐ No

10. IMPLEMENTATION

Include a description of how the institution will phase in the new method of instructional delivery.

Document is attached: ☐ Yes ☐ No

11. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decisions to grant an approval.

Document is attached: ☐ Yes ☐ No

12. DECLARATION UNDER PENALTY OF PERJURY

- Each owner of the institution, or
 - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
 - By each member of the governing body of a nonprofit corporation.
-

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

Attach Additional Sheet(s) if Necessary